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| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs | PROVIDER # 345481 | MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | DATE SURVEY COMPLETE: 11/21/2019 |
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| NAME OF PROVIDER OR SUPPLIER WOODLANDS NURSING & REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 400 PELT DRIVE FAYETTEVILLE, NC |
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| ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES |
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| F 623 | <p>Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8)</p> <p>§483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must-</p> <ul style="list-style-type: none"> (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. <p>§483.15(c)(4) Timing of the notice.</p> <ul style="list-style-type: none"> (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- <ul style="list-style-type: none"> (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <ul style="list-style-type: none"> (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental |
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents

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| F 623 | <p>Continued From Page 1</p> <p>disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(1). This REQUIREMENT is not met as evidenced by: Based on record review, Resident, Responsible Party (RP) and staff interviews the facility failed to notify the RP in writing when 1 of 4 sampled residents (Resident #23) was discharged to the hospital.</p> <p>Findings included:</p> <p>Resident #23 was admitted 06/19/18 with diagnoses including Coronary Artery Disease, Heart Failure and End Stage Renal Disease. The discharge assessment Minimum Data Set (MDS) was dated 03/04/19 and was coded as acute hospitalization with return anticipated. The entry assessment MDS was dated 03/11/19 coded as re-entry to the facility. Resident #23 still resides in the facility. The quarterly MDS dated 10/08/19 had Resident #23 coded as cognitively intact needing supervision with eating, extensive assistance with bed mobility, dressing, toilet use personal hygiene and total dependence with transfers.</p> <p>The Admission Record revealed Resident #23 had an RP and it was also his first emergency contact.</p> <p>A review of the Nurse's notes dated 03/04/19 read: Resident began complaining of severe abdominal pain during shift. Nurse Practitioner (NP) contacted and gave order to send the resident to the emergency room. Emergency Medical Services (EMS) arrived at 9:30 pm to transport resident to the hospital. Emergency contact attempted to family with no answer obtained by this writer after several attempts made. The Transfer Discharge notice was reviewed and Resident #23 was documented as being transferred to the hospital on 03/04/19.</p> <p>A review of the NP note dated 03/05/19 read: Discussed resident's status leading up to transfer to hospital with RP, via phone.</p> <p>A record review for Resident #23 did not reveal any documentation a transfer to the hospital was provided to his RP in writing.</p> <p>During an interview with Resident #23 on 11/18/19 on 1:56 PM, Resident #23 stated he did have shingles and they sent him out to the hospital when he requested and didn't remember his RP getting anything in writing when he went to the hospital.</p> |
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| F 623 | <p>Continued From Page 2</p> <p>During an interview with Resident #23's RP on 11/19/19 at 10:38 AM, the RP stated she was not aware of his transfer to the hospital on 3/4/19 until she spoke to the NP on 03/05/19 and was never notified about the transfer in writing.</p> <p>During an interview with the Social Worker (SW) on 11/19/19 at 3:01 PM, the SW stated when a resident is sent to the hospital, she is responsible for putting in writing, the transfer information and making sure it is received by the resident or resident's RP via personally or by mail. The SW also stated she wasn't working there when this resident was transferred to the hospital and this resident does not have any documentation that shows it was put in writing and given to the RP.</p> <p>During an interview with the Director of Nursing (DON) on 11/20/19 at 3:43 PM, the DON stated she remembered when Resident #23 was diagnosed with shingles. The facility planned to treat him in-house, but he wanted to be treated at the hospital, so he was sent out. The DON also stated when a resident is sent to the hospital it should be made aware to the resident or RP in writing by the Social Worker and there was no documentation that supported that it had occurred.</p> <p>During an interview with the Administrator on 11/21/19 at 03:05 PM, the Administrator stated there should be information in writing about transfers to the hospital in language the residents and the RP's understands, and it should be given to the residents or residents RP. The information should also be documented and there was no documentation that stated that Resident #23's transfer was sent to the RP in writing.</p> |
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